

## Section VI

# ANNUAL HEALTH MAINTENANCE EXAMINATION RECOMMENDATIONS FOR ACTIVE DUTY MEMBERS

Article	Page
15-76 Active Duty Women	15-69

## 15-76 Active Duty Women

(1) **Purpose.** To provide annual health maintenance examination recommendations for all female active duty members.

(2) **General.** Policies and procedures for the medical care of nonactive duty beneficiaries, including reservists are addressed in NAVMEDCOMINST 6320.3B.

(3) **Scope of Examination.** An annual health maintenance examination is recommended for all active duty women. Annual health maintenance examination recommendations for women, include, but are not limited to, the following:

(a) *Papanicolaou smear (except for women in whom the cervix is absent, e.g., post-hysterectomy).*

(b) *Pelvic examination.*

(c) *Breast examination.*

(d) *Blood pressure measurement.*

(e) *Mammography*

(1) *A baseline mammogram* is recommended for all women age 40.

(2) *A screening mammogram* is recommended for all women every 1 to 2 years between the ages of 40 and 49, and yearly for all women age 50 and older.

(3) *For high risk women*, such as women who have a family history of breast cancer in a first degree relative, baseline mammography should begin at age 35 (or sooner if clinically indicated) and then be performed annually.

(f) *Family Planning, Contraceptive Counseling, and Sexually Transmitted Disease (STD) Prevention Counseling*

(1) This counseling should be performed during every annual health maintenance examination.

(2) Counseling should include information on the availability and efficacy of all birth control methods (including abstinence and emergency contraception) to prevent pregnancy; and the ability of different contraceptive methods to protect against STDs and human immunodeficiency virus (HIV) infection.

(3) Health care providers should follow current Centers for Disease Control and Prevention guidelines for the screening and treatment of STDs.

(4) Counseling should be provided regarding risky sexual behavior, the prevention of unplanned pregnancies, and STDs including HIV.

(g) *Health Promotion Counseling*

(1) This counseling should be a part of every health maintenance examination.

(2) Counseling should include information on nutrition (including folic acid and calcium supplements), exercise and injury prevention, substance abuse, and physical or sexual abuse.

(4) *Exceptions to Examination Recommendations.* When a health care provider determines a woman does not require a portion of the annual health maintenance examination, the provider should discuss the basis for that recommendation and advise her of the timeframe for, and the content of, the next examination. Exceptions should be documented in the medical record on an SF-600.

**(5) Notification of Results**

(a) **Papanicolaou Smear Results.** The results of the Papanicolaou smear should be provided to the patient within 30 days of the smear being obtained at all naval hospitals, medical clinics, and branch medical clinics (excluding nonclaimancy 18 facilities). The results of Papanicolaou smears obtained at sites other than claimancy 18 facilities should be provided to the patient within 30 days.

**(b) Mammogram Results**

(1) **Screening mammogram** results should be provided to the patient within 14 days of the mammogram being performed.

(2) **Diagnostic mammogram** (e.g., for evaluation of a lump) results should be provided to the patient within 5 days of the mammogram being performed.

(6) **Responsibility.** Active duty female members are responsible for making and keeping appointments for the recommended annual health maintenance examination components.

(7) **Form.** SF-600 is available on the GSA Web site at [http://contacts.gsa.gov/webforms.nsf/\(formslist\)?openform&count=1000&category=Standard+Forms&expandview](http://contacts.gsa.gov/webforms.nsf/(formslist)?openform&count=1000&category=Standard+Forms&expandview).